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Dr. WILLIAM ATKINSON:

It has been an extraordinary year in the world of immunization. The number of new vaccines and vaccine recommendations published since our Immunization Update broadcast in July 2005 is unprecedented. Never in the history of the Advisory Committee on Immunization Practices have so many new recommendations been published in such a short time. Since August 2005 five new or revised ACIP statements have been published - pediatric hepatitis B, influenza vaccine for healthcare personnel, acellular pertussis vaccine for adolescents, hepatitis A, mumps vaccine, and influenza vaccine for the 2006- 2007 season. In addition, recommendations were published in December 2005 for the antibiotic treatment and prophylaxis of pertussis. In addition to these six documents that have already been published six more are scheduled for publication before the end of 2006, including a revision of the General Recommendations on Immunization. So we have a lot to talk about on today's program. We will not have enough time to discuss all these new recommendations, but we will include some information for most of them.

We will begin today's program with an update on influenza vaccine recommendations. The Advisory Committee on Immunization Practices, or ACIP, updates its influenza vaccine recommendations every year. This year's statement was published on July 28, 2006. There was one major change in the recommendations for the 2006-2007 influenza season, and increased emphasis on several others. The major change in influenza vaccination recommendations for the 2006-2007 season was expansion of annual influenza vaccination to children 24 through 59 months of age, their household contacts, and out of home caregivers. Beginning this year ALL children 6 months through 59 months of age should receive annual influenza vaccination. This year's statement also emphasizes the importance of 2 doses for children younger than 9 years of age being vaccinated for the first time. There is also increased emphasis on the vaccination of healthcare personnel, and on the use of live attenuated influenza vaccine, or LAIV.

Before we talk about these new issues, we would like to briefly review information about the impact of influenza. Ten to 20% of the U.S. population may be infected with influenza every year, with an even higher infection rate in children. Influenza is the most frequent cause of death from a vaccine preventable disease

in the United States. During 1990 through 1999, approximately 36 thousand influenza- associated pulmonary and circulatory deaths occurred during each influenza season. Influenza seasons in which H3N2 viruses predominate are associated with higher mortality. Persons 65 years of age and older account for more than 90% of deaths attributed to pneumonia and influenza. Persons with underlying medical conditions account for most of the remaining 10% of deaths. In addition to fatalities, influenza is also responsible for an average of 226 thousand hospitalizations per year. Although persons 65 years of age and older are at the highest risk of dying from influenza, other age groups are at nearly as high risk for influenza-associated hospitalization. Young children are at increased risk of influenza related hospitalization, particularly children younger than one year of age. But rates of hospitalization are very high through 2 years of age among both healthy children and those with high risk conditions. Rates of hospitalization among children younger than 2 years are similar to those of persons 65 and older with high risk medical conditions. The increased risk of hospitalization for children extends at least through 4 and possibly 5 years of age. In addition, children 24 through 59 months of age are at increased risk for influenza-related clinic and emergency department visits. In order to reduce this burden of disease among children, for the 2004-2005 influenza season, ACIP and the Academies of Pediatrics and Family Physicians recommended annual influenza vaccination for all children 6 months through 23 months of age.

For the 2006-2007 influenza season ACIP has expanded the recommendation to include annual influenza vaccination of children 24 through 59 months of age, that is, up to age 5 years. Children younger than 5 years of age should receive only inactivated influenza vaccine. In addition, vaccination is recommended for the household contacts and out of home caregivers of all children birth through 59 months of age. This is particularly important for household contacts of infants younger than six months of age because no influenza vaccine is approved for this age group in the United States. The ability of vaccine providers to implement the recommendation to vaccinate all children 24 through 59 months of age this year will probably vary depending upon vaccine supply.

If a provider has insufficient vaccine for this age group, CDC recommends that healthy children 6 through 23 months of age should be prioritized for receiving vaccine. This priority is because children of this age are at increased risk for hospitalization compared with children older than 24 months.

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